

**SENATE CONCURRENT
RESOLUTION No. 62**

**STATE OF NEW JERSEY
209th LEGISLATURE**

INTRODUCED MAY 4, 2000

Sponsored by:

Senator JOSEPH M. KYRILLOS, JR.

District 13 (Middlesex and Monmouth)

Senator LEONARD T. CONNORS, JR.

District 9 (Atlantic, Burlington and Ocean)

SYNOPSIS

Urges Health Care Financing Administration to maintain current reimbursement for emergency medical services.

CURRENT VERSION OF TEXT

As introduced.



SCR62 KYRILLOS, CONNORS

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1 **A CONCURRENT RESOLUTION** urging the Health Care Financing
2 Administration to maintain current reimbursement for emergency
3 medical services.

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5 **WHEREAS**, As mandated by the Balanced Budget Act of 1997, the
6 Negotiated Rule Making Committee of the Health Care Financing
7 Administration (HCFA) has made its final recommendations
8 regarding a national ambulance fee schedule embodied in
9 regulations governing Medicare which will soon be published in the
10 Federal Register; and

11 **WHEREAS**, Despite the best efforts of the committee to consider
12 special situations, New Jersey's unique configuration for the
13 delivery of emergency services was not properly evaluated during
14 the process; and

15 **WHEREAS**, The parameters imposed upon the Negotiated Rule Making
16 Committee did not permit the leaders of New Jersey's emergency
17 medical services community an opportunity to present the merits of
18 their system; and

19 **WHEREAS**, New Jersey operates under a unique two-tier emergency
20 medical services (EMS) system, with basic life support (BLS)
21 services provided by volunteer first aid squads at no charge
22 complemented by a non-transport hospital-based advanced life
23 support (ALS) system which "brings the hospital emergency room
24 to the patient" but does not transport patients; and

25 **WHEREAS**, This system provides higher quality patient care than other
26 systems and is more cost effective because the paramedics who
27 provide ALS services cover a larger geographic area and are
28 summoned and dispatched only when needed for more serious
29 cases, which reduces the number of patients treated and billed for
30 ALS services; and

31 **WHEREAS**, The new fee schedule for ambulances, which is being
32 developed by the HCFA, should accommodate this dual response
33 approach which has operated so efficiently in the Garden State;
34 now, therefore,

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36 **BE IT RESOLVED** *by the Senate of the State of New Jersey (the*
37 *General Assembly concurring):*

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39 1. The New Jersey Legislature urges the Negotiated Rule Making
40 Committee of the Health Care Financing Administration to permit ALS
41 providers to maintain billing for their services under Medicare Part A,
42 and to permit the limited number of BLS transportation providers who
43 bill for their services to maintain billing under Medicare Part B. It is
44 imperative that any alternative proposal permit the ALS providers to
45 maintain the current manner of exemplary service they provide to New

1 Jersey's citizens.

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3 2. Duly authenticated copies of this concurrent resolution, signed
4 by the President of the Senate and attested by the Secretary of the
5 Senate and signed by the Speaker of the General Assembly and
6 attested by the Clerk of the General Assembly, shall be transmitted to
7 the HCFA and to each of the members of the Congress of the United
8 States elected from the State of New Jersey.

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STATEMENT

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13 This concurrent resolution urges the Negotiated Rule Making
14 Committee of the Health Care Financing Administration (HCFA) to
15 permit New Jersey's Advanced Life Support (ALS) providers to
16 maintain billing for their services under Medicare Part A, and to permit
17 the limited number of Basic Life Support (BLS) transportation
18 providers who bill for their services to maintain billing under Medicare
19 Part B. In the alternative, it urges that any proposal permit the ALS
20 providers to maintain the current manner of exemplary service they
21 provide to New Jersey's citizens.

22 As mandated by the Balanced Budget Act of 1997, the HCFA
23 Negotiated Rule Making Committee has made its final
24 recommendations regarding a national ambulance fee schedule which
25 will soon be published in the Federal Register. Despite the best efforts
26 of the committee to consider special situations, New Jersey's unique
27 configuration for delivery of emergency services was not properly
28 evaluated during the process. New Jersey operates under a unique
29 two-tier emergency medical services (EMS) system which provides
30 higher quality patient care than other systems and is more cost
31 effective. This resolution urges the committee to accommodate this
32 dual response approach which has operated so efficiently for New
33 Jersey's citizens.